

REQUEST FOR CLASSIFICATION ACTION

THIS IS A REQUEST FOR (CHECK ONE) <input type="checkbox"/> A. RECLASSIFICATION OF AN OCCUPIED POSITION <input type="checkbox"/> B. RECLASSIFICATION OF A VACANT POSITION <input type="checkbox"/> C. ESTABLISHMENT OF A NEW POSITION		LAST NAME		FIRST NAME		INT	SOC. SEC.#	
		YOUR WORK ADDRESS						YOUR TELEPHONE #
PRESENT CLASSIFICATION		PRESENT	DEPT.	DIV	LOC	OCC CODE	NAME OF DEPT, DIV, SECTION	
REQUESTED CLASSIFICATION		IF "B" IS CHECKED, PREVIOUS EMPLOYEE'S NAME					DATE THIS REQUEST WAS PREPARED	
NAME & CLASSIFICATION OF IMMEDIATE SUPERVISOR						WORK ADDRESS AND TELEPHONE NUMBER OF SUPERVISOR		
DESCRIBE BELOW, IN DETAIL, THE WORK PERFORMED OR TO BE PERFORMED. ASSIGN PERCENTAGES TO EACH TASK. LIST TASKS IN ORDER OF FREQUENCY OR IMPORTANCE. IF THIS REQUEST IS FOR AN OCCUPIED POSITION, EMPHASIZE THE CHANGES THAT HAVE OCCURRED WHICH REQUIRE A CLASSIFICATION ACTION. ATTACH ADDITIONAL SHEETS IF NEEDED. LIST <u>ALL</u> TASKS.								
ESTIMATE % OF TIME DEVOTED TO EACH TASK	TASKS PERFORMED							
PERSONNEL DEPARTMENT USE ONLY						DATE AUDITED_____ FIELD AUDIT_____ DESK AUDIT_____		
A B C EMPLOYEE STATUS _____						REMARKS: _____		
APPROVED _____						_____		
DISAPPROVED _____						_____		
SIGNATURE: _____ DATE: ____ / ____ / ____						_____		

DRAW AN ORGANIZATION CHART SHOWING YOUR SUPERVISOR AND THE NUMBER AND CLASSIFICATIONS OF EMPLOYEES YOU SUPERVISE. IF NO EMPLOYEES ARE SUPERVISED, WRITE "NONE". PREPARE ON THIS PAGE OR ATTACH A SEPARATE ORGANIZATION CHART OF THE WORK UNIT.

ENTER PERCENTAGE OF TIME SPENT OPERATING MACHINES OR EQUIPMENT USED REGULARLY IN YOUR WORK.

TYPEWRITER _____ % WORD PROCESSOR _____ % _____ %

CALCULATOR _____ % PERSONAL COMPUTER _____ % _____ %

WHAT ARE THE THREE MOST IMPORTANT RESPONSIBILITIES OF YOUR JOB?

1. _____

2. _____

3. _____

IF OTHER EMPLOYEES WERE PREVIOUSLY PERFORMING THE DUTIES, LIST EMPLOYEE NAMES AND CLASSIFICATIONS.

LIST THE NAMES AND CLASSIFICATIONS OF EMPLOYEES IN THE DEPARTMENT WHO, IN YOUR OPINION, ARE DOING SUBSTANTIALLY THE SAME KIND OF WORK AS DESCRIBED FOR THIS POSITION:

EMPLOYEE'S SIGNATURE

DATE

STATEMENT OF APPOINTING AUTHORITY

COMMENT AND RECOMMENDATION ON REQUEST: _____

QUALIFICATIONS WHICH YOU THINK SHOULD BE REQUIRED IN FILLING A FUTURE VACANCY

CATEGORY	MINIMUM ENTRY QUALIFICATIONS	ADDITIONAL DESIRABLE QUALIFICATIONS
EDUCATION		
EXPERIENCE: KIND LENGTH IN YEARS		
LICENSES OR OTHER SPECIAL REQUIREMENTS		

APPOINTING AUTHORITY'S SIGNATURE

DATE